Attachment B-Final Report

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Report of Death

Final Report

Note:
An internal management review will be conducted of all deaths as defined by Policy 505-02-DD. Results of all reviews will be sent to the DDSN Director of Quality Management within 10 working days of the death (post marked or fax dated within that period of time).
The final written report is completed using this form.

Name of Deceased:	**Date of Death:**

Provider/Regional Center: **County:**

District I: ☐ Midlands ☐ Piedmont **District II:** ☐ Coastal ☐ Pee Dee

Type Facility: ☐ DDSN Contracted Provider ☐ DDSN Regional Center ☐ DDSN Operated Facility

Location of Occurrence: (indicate name of DDSN facility, i.e., Coastal Center, provider operated facility, i.e., Sunrise CTH II or address in community, i.e., individual's home or other address)

Results of Management Review:

Describe action taken:

Review Outcome:	
☐ Rules, Regulations or Policy Violation(s) (Specify which rule, regulation or policy was violated):	☐ Disciplinary Action Taken (Indicate action taken): ☐ Oral reprimand ☐ Written Warning ☐ Suspension ☐ Dismissal
☐ Management Action Taken: (Specify what action was taken):	☐ Other (Specify):
Comments:	

What quality assurance actions were taken to prevent the occurrence of future deaths from similar causes?

Reporting: If the death was reported to another agency, please indicate which agency:

☐ DHEC ☐ Ombudsman
☐ SLED ☐ Other: (Specify):

Reported by whom? Title:

Signature:

Executive Director/ CEO/ Facility Administrator (or Designee for Executive Director/ CEO/ Facility Administrator) | Date | Name of Person Completing Form

This document should be sent to:
Director of Quality Management, SCDDSN, PO Box 4706, Columbia, SC 29240, Fax #: 803.898.7450
and to SLED, when applicable; FAX # 803-896-8050